



Australian Government

Australian Aged Care Quality Agency

Jeparit & District Nursing Home

RACS ID 4382
2 Charles Street
JEPARIT VIC 3423

Approved provider: West Wimmera Health Service

Following an audit we decided that this home met 44 of the 44 expected outcomes of the Accreditation Standards and would be accredited for three years until 15 November 2018.

We made our decision on 21 September 2015.

The audit was conducted on 11 August 2015 to 12 August 2015. The assessment team's report is attached.

We will continue to monitor the performance of the home including through unannounced visits.

Most recent decision concerning performance against the Accreditation Standards

Standard 1: Management systems, staffing and organisational development

Principle:

Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

Expected outcome	Quality Agency decision
1.1 Continuous improvement	Met
1.2 Regulatory compliance	Met
1.3 Education and staff development	Met
1.4 Comments and complaints	Met
1.5 Planning and leadership	Met
1.6 Human resource management	Met
1.7 Inventory and equipment	Met
1.8 Information systems	Met
1.9 External services	Met

Standard 2: Health and personal care

Principle:

Care recipients' physical and mental health will be promoted and achieved at the optimum level in partnership between each care recipient (or his or her representative) and the health care team.

Expected outcome	Quality Agency decision
2.1 Continuous improvement	Met
2.2 Regulatory compliance	Met
2.3 Education and staff development	Met
2.4 Clinical care	Met
2.5 Specialised nursing care needs	Met
2.6 Other health and related services	Met
2.7 Medication management	Met
2.8 Pain management	Met
2.9 Palliative care	Met
2.10 Nutrition and hydration	Met
2.11 Skin care	Met
2.12 Continence management	Met
2.13 Behavioural management	Met
2.14 Mobility, dexterity and rehabilitation	Met
2.15 Oral and dental care	Met
2.16 Sensory loss	Met
2.17 Sleep	Met

Standard 3: Care recipient lifestyle

Principle:

Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve active control of their own lives within the residential care service and in the community.

Expected outcome	Quality Agency decision
3.1 Continuous improvement	Met
3.2 Regulatory compliance	Met
3.3 Education and staff development	Met
3.4 Emotional support	Met
3.5 Independence	Met
3.6 Privacy and dignity	Met
3.7 Leisure interests and activities	Met
3.8 Cultural and spiritual life	Met
3.9 Choice and decision-making	Met
3.10 Care recipient security of tenure and responsibilities	Met

Standard 4: Physical environment and safe systems

Principle:

Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

Expected outcome	Quality Agency decision
4.1 Continuous improvement	Met
4.2 Regulatory compliance	Met
4.3 Education and staff development	Met
4.4 Living environment	Met
4.5 Occupational health and safety	Met
4.6 Fire, security and other emergencies	Met
4.7 Infection control	Met
4.8 Catering, cleaning and laundry services	Met



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Audit Report

Jeparit & District Nursing Home 4382

Approved provider: West Wimmera Health Service

Introduction

This is the report of a re-accreditation audit from 11 August 2015 to 12 August 2015 submitted to the Quality Agency.

Accredited residential aged care homes receive Australian Government subsidies to provide quality care and services to care recipients in accordance with the Accreditation Standards.

To remain accredited and continue to receive the subsidy, each home must demonstrate that it meets the Standards.

There are four Standards covering management systems, health and personal care, care recipient lifestyle, and the physical environment and there are 44 expected outcomes such as human resource management, clinical care, medication management, privacy and dignity, leisure interests, cultural and spiritual life, choice and decision-making and the living environment.

Each home applies for re-accreditation before its accreditation period expires and an assessment team visits the home to conduct an audit. The team assesses the quality of care and services at the home and reports its findings about whether the home meets or does not meet the Standards. The Quality Agency then decides whether the home has met the Standards and whether to re-accredit or not to re-accredit the home.

Assessment team's findings regarding performance against the Accreditation Standards

The information obtained through the audit of the home indicates the home meets:

- 44 expected outcomes

Scope of audit

An assessment team appointed by the Quality Agency conducted the re-accreditation audit from 11 August 2015 to 12 August 2015.

The audit was conducted in accordance with the Quality Agency Principles 2013 and the Accountability Principles 2014. The assessment team consisted of two registered aged care quality assessors.

The audit was against the Accreditation Standards as set out in the Quality of Care Principles 2014.

Assessment team

Team leader:	Joanne Wheelahan
Team member:	Margaret Edgar

Approved provider details

Approved provider:	West Wimmera Health Service
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Details of home

Name of home:	Jeparit & District Nursing Home
RACS ID:	4382

Total number of allocated places:	15
Number of care recipients during audit:	15
Number of care recipients receiving high care during audit:	N/A
Special needs catered for:	N/A

Street:	2 Charles Street
City:	Jeparit
State:	Victoria
Postcode:	3423
Phone number:	03 5396 5503
Facsimile:	03 5391 4228
E-mail address:	mwebster@wwhs.net.au

Audit trail

The assessment team spent two days on site and gathered information from the following:

Interviews

Category	Number
Management	3
Director of nursing	1
Registered and enrolled nurses and care staff	6
Chef	1
Procurement officer	1
Infection control staff	2
Care recipients/representatives	11
Lifestyle staff/volunteers	2
Hospitality staff	3
Maintenance staff	1
Occupational health and safety representative	1

Sampled documents

Category	Number
Care recipients' files	8
Summary lifestyle care plans	15
Residential agreements	3
Medication charts	12
Personnel files	5

Other documents reviewed

The team also reviewed:

- Allied health records
- Care recipients' information package and surveys
- Catering and dietary records and menu
- Clinical assessments, charts, forms and documentation
- Complaints, compliments and suggestions for improvement register

- Compulsory reporting register
- Education policy and calendars
- Food safety program and council and third party audits of catering facilities
- Handover and communication documents
- Human resource management documentation and records
- Incident reports, analysis and trending data
- Infection control records
- Maintenance requests and resolution database
- Medication management records
- Minutes of meetings and memoranda
- Newsletters for care recipients
- Police certificate and professional registration database
- Policies and procedures
- Quality improvement plan
- Rosters
- Self-assessment for re-accreditation
- Staff information online.

Observations

The team observed the following:

- Activities in progress and activity rooms
- Chemical storage
- Cleaning in progress, cleaners' room and cleaning trolley
- Complaints, compliments and suggestions for improvement forms and suggestion box
- Designated smoking areas
- Emergency management equipment, evacuation pack and maps
- Equipment and supply storage areas
- Firefighting equipment, fire panel, 'resident' list, alarms, exits signs, sprinklers, smoke detectors and egress areas

- Hand hygiene facilities, personal protective equipment
- Information notice boards
- Interactions between staff and care recipients
- Internal and external living environment
- Laundry storage areas
- Material safety data sheets
- Medication administration, storage and disposal systems
- Notification of re-accreditation visit by Quality Agency on display
- Pest control register and baits
- Pets in the home
- Philosophy and mission statements on display
- Short group observation
- The 'Charter of care recipients' rights and responsibilities – residential care' on display
- Visitors in the home
- Waste management and contaminated waste disposal systems.

Assessment information

This section covers information about the home's performance against each of the expected outcomes of the Accreditation Standards.

Standard 1 – Management systems, staffing and organisational development

Principle: Within the philosophy and level of care offered in the residential care service, management systems are responsive to the needs of care recipients, their representatives, staff and stakeholders, and the changing environment in which the service operates.

1.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team's findings

The home meets this expected outcome

The organisation actively pursues continuous improvement across the Accreditation Standards. The continuous improvement system uses audits, feedback, complaints, suggestions for improvement and observations as items to include in the continuous improvement plan. Management monitor and evaluate the effectiveness of the system through feedback from stakeholders and analysis of outcomes. Management and staff encourage care recipients and representatives to talk about problems or propose suggestions for improvements. Care recipients, representatives and staff said they know how to contribute to the continuous improvement program and that continuous improvements are occurring at the home.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 1 Management systems, staffing and organisational development include:

- To improve staff compliance with education and development the employee self-assistance program was introduced. Now staff can receive notification by email about mandatory education requirements and other education opportunities. Staff can access education modules at home or at work and are rostered time off to complete their mandatory education modules. Since the implementation of the program staff compliance with completion of mandatory education is high and staff like the new system.
- Following feedback from staff the organisation has included incident reporting in the mandatory education modules for all staff. Staff said that the new education module has improved understanding about regulatory compliance and the new reporting process is clear and effective.

1.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines”.

Team’s findings

The home meets this expected outcome

Management systems and processes ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines. Organisational and site management identify legislative requirements through membership of government and industry organisations, peer networking and use of an interactive legislative monitoring and alert program. Senior management review policies and procedures in response to legislative changes and monitor compliance through management reporting, internal and external reviews and audits. Management distributes relevant information to staff, care recipients and representatives using notices, email, meetings, memoranda, newsletters, and education sessions. Staff and management demonstrated knowledge of their obligations regarding regulatory compliance. Care recipients and representatives are satisfied with the information provided.

Examples of regulatory compliance relating to Standard 1 Management systems, staffing and organisational development include the following:

- Effective systems manage the currency of professional registrations, police certificate records and statutory declarations for staff, volunteers and external service providers.
- Notification occurs within required time frames to stakeholders of reaccreditation visits by the Australian Aged Care Quality Agency.
- The management and destruction of confidential information is according to regulatory requirements.

1.3 Education and staff development

This expected outcome requires that "management and staff have appropriate knowledge and skills to perform their roles effectively".

Team's findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively. The education program includes topics across the Accreditation Standards including management systems, staffing and organisational development. Training requirements are established through regular needs analysis, care recipient needs, performance appraisal, staff feedback, introduction of new equipment, observation of practice and evaluation of monitoring processes such as audits and incident reports. An education planner is developed and available online for staff information. The program includes orientation and mandatory training. There is a system to record and monitor staff attendance at education and mandatory training sessions. Paid training days are provided for all staff. Staff said they are encouraged and supported to attend education and training sessions face to face and online.

Recent training and development opportunities relevant to Standard 1 include:

- bullying and sexual harassment
- decision assistance workshop
- funding tool
- incident reporting
- psychological injuries workshop.

1.4 Comments and complaints

This expected outcome requires that "each care recipient (or his or her representative) and other interested parties have access to internal and external complaints mechanisms".

Team's findings

The home meets this expected outcome

The home has a system to ensure care recipients, representatives and staff have access to the complaints, comments and compliments process. Management provide suggestions, comments and complaints forms and information about how to make a complaint in the care recipient information pack and around the home. A suggestion box is located in the home to lodge forms confidentially. Management investigate any complaints promptly and provide feedback to care recipients, representatives and staff. Issues raised by stakeholders can be added to the continuous improvement plan. Care recipients, representatives and staff said they are aware of how to make a complaint and are satisfied with the follow up processes.

1.5 Planning and leadership

This expected outcome requires that "the organisation has documented the residential care service's vision, values, philosophy, objectives and commitment to quality throughout the service".

Team's findings

The home meets this expected outcome

The organisation has documented its vision, values, philosophy, objectives and commitment to quality. These statements are documented in care recipient information packs and staff orientation training. The organisation reinforces its commitment to the provision of quality services through continuous improvement using a range of established communication and documentation processes.

1.6 Human resource management

This expected outcome requires that "there are appropriately skilled and qualified staff sufficient to ensure that services are delivered in accordance with these standards and the residential care service's philosophy and objectives".

Team's findings

The home meets this expected outcome

Management systems ensure there are sufficient appropriately skilled and qualified staff to provide appropriate care and services for care recipients. Organisational recruitment and selection processes are followed and new staff participate in orientation and induction programs relevant to their roles and responsibilities. Management monitor the roster to ensure appropriate staffing levels, skill mix and the replacement of leave vacancies. An education program supports skill development and position descriptions guide staff practices. Appraisals, audits, competencies, education and clinical outcomes monitor staff skills and practices. Staff are satisfied the roster provides sufficient numbers of staff and time to perform their duties. Care recipients and representatives are satisfied with the care provided and availability of staff to meet the needs of care recipients.

1.7 Inventory and equipment

This expected outcome requires that "stocks of appropriate goods and equipment for quality service delivery are available".

Team's findings

The home meets this expected outcome

Sufficient stock of appropriate goods and equipment is available to ensure the delivery of quality care. Organisational and site personnel monitor stock levels and ordering processes ensure there is adequate stock available. Procurement processes include the use of preferred suppliers, stock rotation, imprest, and inventory and asset systems. New equipment is trialled prior to purchase and training is provided. The maintenance officer attends to preventative and corrective maintenance within appropriate timeframes. Electrical equipment is tested and tagged, stock and equipment storage areas are clean, sufficiently stocked and secure. Care recipients, representatives and staff are satisfied with the availability of appropriate goods and equipment.

1.8 Information systems

This expected outcome requires that "effective information management systems are in place".

Team's findings

The home meets this expected outcome

Information management systems provide management and staff with appropriate information to help them perform their roles. Processes include document control systems, scheduled policy and procedure reviews and regular updates. Qualified staff regularly review and update care recipient information communicating details of changes to relevant personnel. Confidential information is securely stored and electronic systems are password protected with information restricted to appropriate staff. There are secure archiving and document destruction processes. Management uses memoranda, letters, electronic mail, noticeboards, newsletters and meetings to communicate with all stakeholders. Care recipients, representatives and staff are satisfied with the information provided and with their ability to access information as required.

1.9 External services

This expected outcome requires that "all externally sourced services are provided in a way that meets the residential care service's needs and service quality goals".

Team's findings

The home meets this expected outcome

The organisation has systems in place to provide externally sourced services to meet the home's needs and service quality goals. There are processes to select, monitor and evaluate external suppliers to ensure the provision of quality service from local and national suppliers. External contractors are required to provide documentation of current police certificates and insurance. There are regular evaluations of service agreements and external contracts with staff and care recipient feedback as part of the process. Contractors receive orientation prior to commencing work, are required to sign a register when working at the home, and are supervised by staff as required. Care recipients, representatives and staff said they are satisfied with the services provided by external contractors.

Standard 2 – Health and personal care

Principle: Care recipients' physical and mental health will be promoted and achieved at the optimum level, in partnership between each care recipient (or his or her representative) and the health care team.

2.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team's findings

The home meets this expected outcome

Management actively pursues continuous improvement across all aspects of care recipients' health and personal care. Care recipients and representatives said they are satisfied with the quality of care provided by staff. Refer to expected outcome 1.1 Continuous improvement for information about the home's continuous improvement systems and processes.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 2 Health and personal care include:

- As part of behaviour management and engagement for care recipients living with dementia, activity stations have been placed around the home. The activity stations include scarves, hats, jewellery, handbags, mirrors, baskets and boxes. Care recipients can move items from activity stations around the home or organise stations to their own preferences. Staff said care recipients who use the activity stations like them and appear more settled.
- The occupational violence and aggression training was introduced to help staff understand the triggers and reasons for violent behaviour. Staff reported they can recognise potential triggers in care recipients and visitors to the home. Staff reported that they feel better able to defuse potentially violent episodes and that care recipients are more settled as staff understand the reasons behind some behaviours.

2.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines about health and personal care”.

Team’s findings

The home meets this expected outcome

Management has systems to identify and comply with all relevant legislation, regulatory requirements, professional standards and guidelines in the area of health and personal care. Refer to expected outcome 1.2 Regulatory compliance for further information regarding the home’s regulatory compliance system.

Examples of regulatory compliance relating to Standard 2 Health and personal care include the following:

- Medications are stored and administered according to regulations, legislation and professional standards.
- Appropriately qualified staff plan, supervise and manage specialised nursing care.
- There are documented procedures to manage and report the unexplained absence of care recipients.

2.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of health and personal care. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 2 include:

- breast and prostate cancer update
- dementia and behaviour in-service
- occupational violence and aggression
- palliative care approach
- wound management.

2.4 Clinical care

This expected outcome requires that “care recipients receive appropriate clinical care”.

Team’s findings

The home meets this expected outcome

Care recipients receive clinical care appropriate to their needs and preferences. Entry assessment information provides the basis for an interim care plan until assessment and care plan process is complete. Care plans reflect assessments and care recipients’ preferences and include input from other health professionals. Staff review care plans monthly or when triggered by medical review or changes in the care recipients’ condition. Audits, clinical data review, incident report analysis and stakeholder feedback monitor clinical care. Staff described care recipients’ needs and preferences and participate in clinical education. Care recipients and representatives expressed satisfaction with the clinical care and consultation provided for care recipients.

2.5 Specialised nursing care needs

This expected outcome requires that “care recipients’ specialised nursing care needs are identified and met by appropriately qualified nursing staff”.

Team’s findings

The home meets this expected outcome

Registered nurses manage specialised nursing care by completing assessments, developing care plans and evaluating care. Care plans detail specialised needs, preferences and nursing interventions. Staff consult with other health specialists when required, incorporating referral outcomes and recommended treatments into the care plan. Specialist equipment is available and the education program provides staff with the opportunity to develop specialised skills and knowledge. Care reviews, feedback and clinical data analysis monitor the effectiveness of care. Care recipients and representatives are satisfied with the specialist care provided for care recipients.

2.6 Other health and related services

This expected outcome requires that “care recipients are referred to appropriate health specialists in accordance with the care recipient’s needs and preferences”.

Team’s findings

The home meets this expected outcome

Referral to health specialists occurs according to care recipients’ needs and preferences. Processes ensure staff identify care recipients referral needs, provide assistance to access specialists and facilitate urgent treatments and referrals. Health specialists such as medical practitioners, allied health professionals and hearing services visit the home regularly. Files contain details of health specialists’ consultations and subsequent updates to care planning. Audits and care reviews monitor outcomes of referrals. Care recipients are satisfied with the assistance staff provide to access other health specialists.

2.7 Medication management

This expected outcome requires that “care recipients’ medication is managed safely and correctly”.

Team’s findings

The home meets this expected outcome

Registered and enrolled nurses administer medications in accordance with legislative guidelines and the home’s medication policy and procedures. The initial and ongoing assessment, care plan and medication profile includes identification details, medication requirements, preferences, allergies and details of any special needs. Medications are stored securely within legislative guidelines and there are procedures to maintain supply and for the disposal of unused medications. Monitoring systems include medical and pharmacist reviews, audits, medication quality meetings and incident reporting and medication chart reviews. Care recipients and representatives are satisfied with care recipients’ medication management.

2.8 Pain management

This expected outcome requires that “all care recipients are as free as possible from pain”.

Team’s findings

The home meets this expected outcome

Care recipients are as free as possible from pain. Nursing staff complete initial pain assessments identifying care recipients’ past and current pain experiences and commence appropriate treatments. Assessment tools include consideration for care recipients who are unable to verbalise their pain and for continuing pain or changing pain. Staff have access to education and clinical resources to assist their understanding of effective pain management. Management monitor pain management outcomes through care reviews, audits and care recipient feedback. Care recipients and representatives are satisfied with the management of care recipients’ pain.

2.9 Palliative care

This expected outcome requires that “the comfort and dignity of terminally ill care recipients is maintained”.

Team’s findings

The home meets this expected outcome

Care management systems and staff practices ensure the dignity and comfort for care recipients nearing the end of their life. Palliative care preferences are included in assessment and care planning and care recipients can complete advanced care plans detailing wishes and preferences for end of life. Nursing staff review care and develop a palliative care plan in consultation with the care recipient, representatives and other health professionals to address end of life care. Staff described their palliative role providing care to ensure they uphold care recipients’ comfort and dignity. Spiritual and lifestyle staff offer additional comfort, counselling and emotional support. Care recipients and representatives are satisfied with the spiritual and palliative care available for care recipients.

2.10 Nutrition and hydration

This expected outcome requires that “care recipients receive adequate nourishment and hydration”.

Team’s findings

The home meets this expected outcome

Care recipients receive adequate nourishment and hydration. Staff consider allergies, preferences, clinical and cultural needs when planning nutrition and hydration care. The speech therapist and dietitian assess all care recipients annually and manage the care for those with swallowing difficulties, weight variations and special nutritional requirements.

Assessment and communication processes ensure catering staff receive timely notification of any dietary changes. Meal time protocols enable a peaceful dining environment with minimal interruptions and distractions. Monitoring of nutrition and hydration occurs through audits, weight analysis and stakeholder feedback. Care recipients and representatives are satisfied with the meals provided for care recipients.

2.11 Skin care

This expected outcome requires that “care recipients’ skin integrity is consistent with their general health”.

Team’s findings

The home meets this expected outcome

Care protocols ensure care recipients’ skin care is appropriate and consistent with their general health. Skin care strategies include regular repositioning, pressure relieving devices, nutritional supplements and application of creams. Reporting and review of skin incidents occurs. Qualified staff manage wound care, detailing care and evaluation on a wound chart and referring care recipients to wound care specialists if required. Management ensure staff have access to appropriate pressure relieving equipment, wound care products and skin care aids, based on care recipients’ assessed needs. Audits, incident reviews, staff observations, care reviews and consultations monitor the effectiveness of skin and wound care. Care recipients and representatives are satisfied with the care provided in relation to care recipients’ skin care management.

2.12 Continence management

This expected outcome requires that “care recipients’ continence is managed effectively”.

Team’s findings

The home meets this expected outcome

Care recipients receive continence care appropriate to their needs, effectively managing their continence experience. Processes include continence assessments, management plans, identification and supply of appropriate aids and regular continence care review. Care strategies include referral to a continence adviser, establishing voiding patterns, dietary and medication interventions, mobility strategies and toileting plans. Care plan reviews and audits ensure sufficient and appropriate aids are available and that the program is meeting the needs and preferences of care recipients. Care recipients and representatives are satisfied staff manage care recipients’ continence issues discreetly and respectfully.

2.13 Behavioural management

This expected outcome requires that “the needs of care recipients with challenging behaviours are managed effectively”.

Team’s findings

The home meets this expected outcome

Assessment and care processes identify care recipients presenting with challenging behaviours. The detection of challenging behaviours occurs through an assessment process, which includes identifying behavioural triggers and consultation with care recipients and representatives. Staff identify and record new behaviours of concern on incident forms. If the behaviour is ongoing, staff complete behaviour charts detailing the type and frequency of the behaviour, management strategies and the effectiveness of the care given. Progress notes also detail behavioural interventions and interactions between care recipients and staff.

Monitoring methods include surveys, audits of incidents associated with behaviours, care reviews and stakeholder feedback. Care recipients and representatives are satisfied with the care staff provide for the management of care recipients’ with behaviours of concern.

2.14 Mobility, dexterity and rehabilitation

This expected outcome requires that “optimum levels of mobility and dexterity are achieved for all care recipients”.

Team’s findings

The home meets this expected outcome

Care plan strategies encourage care recipients to maintain their mobility and dexterity skills by participating in activities of daily life according to their capabilities. Physiotherapy and nursing staff identify strategies for managing exercise activities, falls prevention, assistance required and the use of assistive devices such as walking aids and mobile chairs. Care plans include strategies to promote independence and minimise fall risks. Appropriate transfer equipment, assistive devices and mobile chairs are available. Education programs provide training for incident management, manual handling and safe transfer techniques.

Management monitor care through audits, care plan reviews, observation and stakeholder feedback. Care recipients and representatives are satisfied satisfaction with the care provided to maintain care recipients’ mobility and dexterity.

2.15 Oral and dental care

This expected outcome requires that “care recipients’ oral and dental health is maintained”.

Team’s findings

The home meets this expected outcome

Care recipients receive oral and dental care appropriate to their individual needs and preferences. Assessments, care plans and regular evaluations identify dental status, preferred care options and the level of assistance required. Nursing staff and the medical practitioner monitor oral and dental health assisting care recipients to access dental services when required. The speech therapist and dietitian provide management strategies for care recipients with swallowing and associated oral health needs. Audits and staff observations contribute to

the review of care and supply of dental equipment. Care recipients and representatives said they are satisfied with the dental care provided for care recipients.

2.16 Sensory loss

This expected outcome requires that “care recipients’ sensory losses are identified and managed effectively”.

Team’s findings

The home meets this expected outcome

Care and assessment processes ensure the effective identification and management of care recipients’ sensory loss. Initial and ongoing assessments identify care recipients’ sensory needs for vision, hearing, communication, sensation, taste and tactile experiences,

Sensory care plans detail specific individual strategies and include the level of assistance each care recipient requires, care of aids and strategies to optimise sensory function. The environment is well lit, secure and enables care recipients to move around safely. The lifestyle program includes sensory activities to cater for individual needs. Audits, care reviews and stakeholder feedback gauge satisfaction. Care recipients and representatives expressed satisfaction with the support given to care recipients to enhance their sensory experiences.

2.17 Sleep

This expected outcome requires that “care recipients are able to achieve natural sleep patterns”.

Team’s findings

The home meets this expected outcome

Staff support care recipients to rest and sleep according to their preferred sleep patterns. Observation, assessments and feedback processes contribute to the identification of care recipients’ individual preferences and sleep requirements. Care plan strategies include comfort measures to promote sleep, individual rituals, and preferences for day rest, retiring and waking. Staff demonstrated knowledge of care recipients’ individual settling routines and day rest requirements. Audits, care plan reviews and feedback mechanisms monitor the night environment and care recipient satisfaction. Care recipients and representatives are satisfied staff respect care recipients’ preferences for sleep and rest.

Standard 3 – Care recipient lifestyle

Principle: Care recipients retain their personal, civic, legal and consumer rights, and are assisted to achieve control of their own lives within the residential care service and in the community.

3.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

Management actively pursues continuous improvement activities in relation to aspects of care recipients’ lifestyle. Care recipients and representatives are satisfied with the assistance provided for control of their lives within care service and the community. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 3 Care recipient lifestyle include:

- Following training and education about lifestyle programs designed to help care recipients living with dementia, lifestyle staff installed ‘sunrise plans’ in care recipients’ rooms. The plans include a summary of information about the care recipient and can form a basis for conversations between care recipients and staff. The care recipients and staff like the plans and staff report that they have a better understanding of the history of the care recipients.
- Management introduced name tags for all care recipients and staff to encourage and improve communication between care recipients and staff and between care recipients. The name badges are large and can be seen easily by care recipients and staff. Care recipients are now addressing staff by name and staff report the name badges have created a more personal environment in the home.

3.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about care recipient lifestyle”.

Team’s findings

The home meets this expected outcome

Management has systems to identify and comply with regulatory compliance obligations in relation to care recipients’ lifestyle. Refer to expected outcome 1.2 Regulatory compliance for details of the home’s regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 3 - Care recipient lifestyle include:

- Staff and management follow policies and procedures to maintain privacy and confidentiality of care recipient information.
- The organisation has policies and procedures relating to compulsory reporting obligations for elder abuse.
- Care recipients receive information about their rights and responsibilities, privacy and consent in their information packs and residential agreements.

3.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of care recipient lifestyle. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 3 include:

- dementia and behaviour in service
- memory strategies workshop
- Montessori training
- sex, drugs and dying well.

3.4 Emotional support

This expected outcome requires that "each care recipient receives support in adjusting to life in the new environment and on an ongoing basis".

Team's findings

The home meets this expected outcome

On moving into the home care recipients receive support in adjusting to their new environment. Care recipients are encouraged to bring items from home to personalise their rooms. The new care recipient is introduced to other care recipients and staff to help with the adjustment to their new surroundings. Activities staff complete each care recipient's profile with consultation from the person, their family and friends. Staff regularly check with care recipients for changes to their emotional wellbeing. Religious practitioners are available to provide additional emotional support. Lifestyle and care staff provide information regarding events and activities occurring in the home. Care recipients and representatives said they are satisfied with the way staff support care recipients and make them feel welcome and provide support on an ongoing basis.

3.5 Independence

This expected outcome requires that "care recipients are assisted to achieve maximum independence, maintain friendships and participate in the life of the community within and outside the residential care service".

Team's findings

The home meets this expected outcome

Management and staff actively assist care recipients to achieve maximum independence, maintain friendships and participate in life at the home and in the wider community. Activities staff develop individual and group activity programs to maintain each care recipient's mobility and dexterity. Staff support care recipients to maintain links with the community through assisting with social outings in the community. Private areas are available for care recipients' use to maintain family and friendship relationships. Care recipients and representatives said they are supported to maintain their independence where possible.

3.6 Privacy and dignity

This expected outcome requires that "each care recipient's right to privacy, dignity and confidentiality is recognised and respected".

Team's findings

The home meets this expected outcome

Each care recipient's right to privacy, dignity and confidentiality is recognised and respected. Information on rights and responsibilities is included in orientation information for care recipients and staff. Staff knock and wait for a response prior to entering a care recipient's room and address care recipients by their preferred names. Consent is obtained from care recipients for publication of photographs and celebration of birthdays or other significant days. Care recipients' files are only accessible to authorised staff. Staff show warmth and respect during their interactions with care recipients. Care recipients and representatives confirm staff provide care to care recipients in a respectful, warm, caring and appropriate manner.

3.7 Leisure interests and activities

This expected outcome requires that "care recipients are encouraged and supported to participate in a wide range of interests and activities of interest to them".

Team's findings

The home meets this expected outcome

Care recipients are encouraged and supported to participate in a wide range of activities and to provide input into the development of the home's lifestyle program. Staff identify leisure and activity interests and develop individualised plans in consultation with the care recipient and family. Lifestyle plans are reviewed on a regular basis and in response to the changing needs of care recipients. The lifestyle program offers a range of group and individual activities reflecting care recipients' social, emotional, physical, cognitive, sensory and cultural needs. Special celebrations and regular bus outings to view crop progress and visits to country pubs for lunch add to the diversity of activities. Care recipients and representatives are satisfied with the range of activities offered by the home.

3.8 Cultural and spiritual life

This expected outcome requires that "individual interests, customs, beliefs and cultural and ethnic backgrounds are valued and fostered".

Team's findings

The home meets this expected outcome

The home values and fosters individual interests, customs, beliefs and the cultural and ethnic backgrounds of the care recipients. Staff identify the cultural and spiritual needs of care recipients through consultation with care recipients and representatives. Religious practitioners visit care recipients and provide services based on the preferences of the care recipients. The home celebrates personal days of significance throughout the year if the person wishes. Care recipients and representatives are satisfied with the support provided to engage in activities associated with their cultural and spiritual beliefs.

3.9 Choice and decision-making

This expected outcome requires that "each care recipient (or his or her representative) participates in decisions about the services the care recipient receives, and is enabled to exercise choice and control over his or her lifestyle while not infringing on the rights of other people".

Team's findings

The home meets this expected outcome

The home supports care recipients to exercise choice and control over their lifestyle. When a care recipient moves into the home staff identify their care and lifestyle preferences. Staff document and regularly review care recipients' choices regarding care and lifestyle choices. Care recipients are encouraged to express their wishes through care recipients' and representatives' meetings, individual consultation, surveys and feedback processes.

Information about complaints services are available to care recipients and representatives. Staff confirm they support care recipients to make choices and decisions about their daily

routine and care options. Care recipients are satisfied they are able to exercise choice in their care and lifestyle activities.

3.10 Care recipient security of tenure and responsibilities

This expected outcome requires that "care recipients have secure tenure within the residential care service, and understand their rights and responsibilities".

Team's findings

The home meets this expected outcome

The organisation has processes to ensure care recipients have secure tenure within the home and care recipients and representatives understand their rights and responsibilities. The organisation provides information about security of tenure and care recipients' rights and responsibilities in the residential agreement, the care recipient information pack and additional information placed around the home. A change of room occurs only after consultation with the care recipient and representatives. Care recipients and representatives are satisfied with the security of tenure.

Standard 4 – Physical environment and safe systems

Principle: Care recipients live in a safe and comfortable environment that ensures the quality of life and welfare of care recipients, staff and visitors.

4.1 Continuous improvement

This expected outcome requires that “the organisation actively pursues continuous improvement”.

Team’s findings

The home meets this expected outcome

Management actively pursues continuous improvement activities in relation to aspects of the physical environment and safe systems. Care recipients and representatives are satisfied with the safety and comfort of the living environment and the quality of the services provided. Refer to expected outcome 1.1 Continuous improvement for information about the home’s continuous improvement systems and processes.

Improvement initiatives implemented by the home over the last 12 months in relation to Standard 4 Physical environment and safe systems include:

- After a hand hygiene audit the infection control equipment and facilities were upgraded. Staff report that there are more hand sanitising opportunities around the home. Infection control audits have confirmed the improvements have resulted in better hand hygiene.
- To address faults with the preventative and reactive maintenance schedules and to improve the completion of maintenance tasks within the set time frame a new reporting system was developed. The new system includes reporting the fault or maintenance required online and giving all staff access to the program. The new system has shown improvements with requests and faults resolved within the set time frame.

4.2 Regulatory compliance

This expected outcome requires that “the organisation’s management has systems in place to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines, about physical environment and safe systems”.

Team’s findings

The home meets this expected outcome

Management has systems to identify and ensure compliance with all relevant legislation, regulatory requirements, professional standards and guidelines in regards to the physical environment and safe systems. Refer to expected outcome 1.2 Regulatory compliance for details of the home’s regulatory compliance system.

Examples of responsiveness to regulatory compliance relating to Standard 4 - Physical environment and safe systems include:

- There is a current food safety program and certification by external authorities.
- The organisation implements an active occupational health and safety system.
- Maintenance systems ensure the effective monitoring and maintenance of fire, emergency and essential services.
- Chemicals are stored safely in secure areas and current material safety data sheets are available.

4.3 Education and staff development

This expected outcome requires that “management and staff have appropriate knowledge and skills to perform their roles effectively”.

Team’s findings

The home meets this expected outcome

Management and staff have the appropriate knowledge and skills to perform their roles effectively in the area of physical environment and safe systems. For a description of the system refer to expected outcome 1.3 Education and staff development.

Recent education opportunities relevant to Standard 4 include:

- CFA fire ready
- chemical safety
- infection control
- manual handling
- no lift workshop
- safe food handling.

4.4 Living environment

This expected outcome requires that "management of the residential care service is actively working to provide a safe and comfortable environment consistent with care recipients' care needs".

Team's findings

The home meets this expected outcome

The organisation has a system in place to provide a safe and comfortable environment in the home consistent with a care recipient's care needs. There are processes to ensure comfortable internal temperatures and ventilation. Care recipients have access to clean, comfortable and well-maintained communal dining and lounge areas that are bright, sunny and well furnished. The gardens and internal courtyards are well maintained and easily accessible. Care recipients are accommodated in shared rooms with shared bathrooms or single rooms with ensuites and are encouraged to personalise their rooms. Staff monitor the safety of the home employing preventative, reactive and routine building and equipment maintenance. Management monitor comfort and safety through regular audits and inspections. Care recipients and their representatives said care recipients feel safe and comfortable.

4.5 Occupational health and safety

This expected outcome requires that "management is actively working to provide a safe working environment that meets regulatory requirements".

Team's findings

The home meets this expected outcome

The organisation is actively working to provide a safe working environment that meets regulatory requirements. There is an organisation wide occupational health and safety system that includes onsite representatives. Data from regular environmental audits and incident data results are presented at regular occupational and health committee meetings. Staff are aware of their occupational health and safety responsibilities through orientation, ongoing education and access to policies and safety procedures. The incident reporting system and maintenance program enables appropriate monitoring of risks and potential hazards. Staff are consulted and informed about occupational health and safety and are satisfied with the safety of their working environment.

4.6 Fire, security and other emergencies

This expected outcome requires that "management and staff are actively working to provide an environment and safe systems of work that minimise fire, security and emergency risks".

Team's findings

The home meets this expected outcome

The organisation has a system in place to provide an environment with safe systems of work to minimise fire, security and emergency risks. Approved professional contractors carry out testing and maintenance on emergency alarms and equipment. There are documented emergency policies and procedures with regular mandatory education for staff including fire, security and other emergencies appropriate to living in rural Victoria. The evacuation maps and care recipient evacuation list are kept up to date and the care recipient list is readily available if needed. Exit doors are free from obstruction. Staff said they have received fire and

other emergency training and know what to do in the event of an emergency. Care recipients and representatives said they feel safe and secure in the home.

4.7 Infection control

This expected outcome requires that there is "an effective infection control program".

Team's findings

The home meets this expected outcome

Designated personnel at organisational and site level oversee the infection control program. Responsibilities include auditing, collection and analysis of infection surveillance data, review and actioning of identified infection related trends and overseeing infection control care and practices. Infection control education topics are included with staff orientation and annual education. Policies and procedures include guidelines for managing gastroenteritis and influenza outbreak programs. A staff and care recipient vaccination program is in place.

There are effective processes for hand-washing, the use of personal protective equipment and the safe disposal of sharps and contaminated waste. Food services and environmental services comply with legislation and infection control guidelines. Management reviews infection rates and implements improvement plans to ensure infection control practices remain current and effective.

4.8 Catering, cleaning and laundry services

This expected outcome requires that "hospitality services are provided in a way that enhances care recipients' quality of life and the staff's working environment".

Team's findings

The home meets this expected outcome

The home provides hospitality services in a way that enhances care recipients' quality of life and the staff's working environment. Meals are prepared on site with each care recipient's food preferences, diet modification and allergies taken into account. The five-week rotating menu is seasonal and is developed in consultation with a dietitian. Bed linen, care recipients' personal clothes and items are washed off site. There is a process to assist in the prevention of lost items and the reclaiming of any lost property. Hospitality staff clean care recipients' rooms and bathrooms daily to schedules which cover all areas of the home. Management monitor catering, cleaning and laundry services through internal and external audits with regular education such as chemical training and infection control provided for staff. Care recipients, representatives and staff said they are satisfied with the home's hospitality services.